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TRANSMIT	TAL
FORM	

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Total Number of Pages in This Submission

Application Number 09/982,548-Conf. #7782 Filing Date October 18, 2001 First Named Inventor **Dongfang Liu** Art Unit 1623 **Examiner Name** T. C. McIntosh Attorney Docket Number M0656.70070US00

ENCLOSURES (Check all that apply)						
X Fee Transi	mittal Form	Drawing(s)		After Allowance Communication to TC		
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
x Extension of Time Request		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		Authorization to charge fees to Deposit Account; Return Receipt		
Information Disclosure Statement		CD, Number of CD(s)		Postcard		
Certified Copy of Priority Document(s)		Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
WOLF, GREENFIELD & SACKS, P.C.						
Signature Conica Ca. Follows						
Printed name						
Date	December 3, 2007			52,318		

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	Dated: December 3, 2007 Signature: WMA I W (Nicole Millette Hawes)

6 1007 Effective on 12			•	Co	mplete if Knov	vn		
Effective on 12		R. 4818).	Application Nur	mber	09/982,548-C	onf. #7782		
FEE TRANSMITTAL			Filing Date Octobe		October 18, 2	er 18, 2001		
For FY					Dongfang Li			
	2000		Examiner Name	•	T. C. McIntos	sh		
Applicant claims small entity	status. See 37 CFR 1.2	7	Art Unit		1623			
TOTAL AMOUNT OF PAYMENT	(\$) 1,680.0	00	Attorney Docket	No.	M0656.70070	US00		
METHOD OF PAYMENT (che	eck all that apply)							
Check Credit Card	Money Order	Non	ne Other	(please iden	tify):			
X Deposit Account Deposit Acco	ount Number: 23	/2825	Deposit	: Account Na	me: Wolf, Gree	nfield & Sa	cks, P.C	
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Charge any addition	nal fee(s) or underpay	ments o	f x Credit	t anv over	payments			
fee(s) under 37 CFI				t any over	payments			
FEE CALCULATION								
1. BASIC FILING, SEARCH, ANI						_		
	FILING FEES Small Entity	SE	ARCH FEES Small Entity		INATION FEES Small Entity	5		
Application Type Fe	e (\$) Fee (\$)	Fee (\$		<u>Fee (\$</u>		Fees P	aid (\$)	
Utility 3	10 155	510	255	210	105			
Design 2	10 105	100	50	130	65			
Plant 2	10 105	310	155	160	80			
Reissue 3	10 155	510	255	620	310			
Provisional 2	10 105	0	0	0	0			
2. EXCESS CLAIM FEES						_	Small Enti	
Fee Description Feeb alaim aver 20 (including P	oiaguag)					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reach independent claim over 3 (•					50 210	25 105	
Multiple dependent claims	including Reissues)					370	185	
Total Claims Extra Claim	s Fee (\$)	Fee I	Paid (\$)	,	Multiple Depend		103	
- 20 =	x =	1 00 1	(v)	•	Fee (\$)	Fee Paid (\$))	
HP = highest number of total claims pai				-			•	
Indep. Claims Extra Claim	s Fee (\$)	Fee F	Paid (\$)	_			_	
<u> 16</u> - 13 = <u>3</u>	x 210 =	63	0.00					
HP = highest number of independent cl	aims paid for, if greater tha	an 3.						
3. APPLICATION SIZE FEE		•			C1 1			
If the specification and drawing listings under 37 CFR 1.52(c								
sheets or fraction thereof. S					chiny) for cach i	additional 50		
Total Sheets Extra Si			dditional 50 or fra		eof Fee (\$)	<u>Fee</u> P	aid (\$)	
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4. OTHER FEE(S)						Fees I	Paid (\$)	
Non-English Specification, S	\$130 fee (no small er	itity disc	ount)					
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